IMPORTANT NOTICE TO APPLICANT: Make check for the total Processing Fee Payable to: MIAMI-DADE COUNTY	FOR OFFICIAL USE ONLY:
	1) Agenda Date: 12-18-15
FEES:	,872.00 Tentative No.: T-23734-1-NEW
D.R.E.R	\$0.00   Tentative No.: 1
D.R.E.R enviromental	\$210.00 Received Date: 12-8-15
	,082.00
	\$124.92 *Not applicable within Municipalities .206.92 <<===AMOUNT FOR TENTATIVE WITHIN UNICORPORATED MIAMI-DADE COUNTY
APPLICATION FOR PLAT OF S	SOBDIVISION DEVELOPMENT
Municipality: UNICORPORATED MIAMI-DADE COUNTY Sec.: 3	Twp.: <u>54</u> S. Rge.: <u>40</u> E. / Sec.: Twp.:S. Rge.: E.
Name of Proposed Subdivision: Leon Flagler	
2. Owner's Name: Leon Medical Centers, Inc.	Phone: 305-631-5933
	Miami State: FL Zip Code: 33165
Owner's Email Address: michael.shealy@leonmedicalcen	
	Phone: 305-653-4493
	N. Miami Beach State: FL Zip Code: 33162
	N. Midiffi Deach State: PL Zip Code: 33162
Surveyor's Email Address: damian@flssurvey.com	
4. Folio No(s).: 30-4003-017-0010 /	
5. Legal Description of Parent Tract: See Exhibit "A"	
6. Street boundaries: NW 2nd St. & NW 79th Ave.	
7. Present Zoning: BU-2 Zoning Hearing	ng No.:
8. Proposed use of Property:	The state of the s
Business( Sq. Ft.), Office( Sq. Ft.), Restaurar	ments( Units), Industrial/Warehouse( Square .Ft.),  nt( Sq. Ft. & No. Seats), Other ( Sq. Ft. & No. of Units
	nt( Sq. Ft. & No. Seats), Other ( Sq. Ft. & No. of Units 9
I HEREBY CERTIFY that I am the owner of the parcel(s) described in Item 5 and that the	ther declarations, restrictions, covenants that might affect this Tentative Plat ne information contained in this application is true and correct to the best of my knowledge and clarations in favor of Miami-Dade Couty. Attached is a copy of the recorded deed showing my says such as abstract or opinion of title to determine accurate ownership information.
Furthermore, I am aware that the use of a public water supply and/or public sewer syst	em may be required for this development. If so required, I recognize that engineering drawings
for the extension of these utilities must be approved by the appropriate utility entity and	d by D.R.E.R. prior to the approval of the final plat.
Pursuant to Florida Statutes 837.06, whoever knowingly makes a false statement shall be guilty of a misdemeanor of the second degree, punishable as provided	in writing with the intent to mislead a public servant in the performance of his or her duty
STATE OF FLORIDA)	XO) A
SS: S	ignature of Owner:
COUNTY OF MIAMI-DADE) (Print	name & Title here): BENJAMIN LEDN / CHAIRMAN
BEFORE ME, personally appeared BINJAMIN LEDK	
acknowledged to and before me that (he/she) executed the	same for the purposed therein. Personally known 🖊 or produce
as identification and who c	lid (not) take an oath.
WITNESS my hand and seal in the County and State last afo	resaid this 17 day of September 12015 A.D.
Sig	nature of Notary Public: Agort Must
S SUSTI PURE ISABEL PEREZ	
MY COMMISSION # EE864775 EXPIRES: March 24, 2017	
(NOTARY SEAL)	(Commission Expires) (Commission Number)
Note: The reverse side of this sheet may be used for a statement of	

